

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29341

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 256	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville			
c. LENGTH OF STAY (in this place) 1 day				d. STREET ADDRESS (If rural, give location) 1005 W. La Harpe			
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin							
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Lenora		c. (Last) Crandall		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 28, 1866	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Chariton, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Norris		13b. MOTHER'S MAIDEN NAME Anna Anderson		14. NAME OF HUSBAND OR WIFE Charles W. Crandall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bonnie Bell, Kirkville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Massive intestinal hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of undetermined origin DUE TO (c) History suggestive of malignancy of cecum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Few min. mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/21, 1951 , to 9/21, 1951 , that I last saw the deceased alive on 9/21, 1951 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. M. McClure MD				23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 9/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Sullivan County, Mo.	
DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirkville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1951

Date Received: OCT 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1785
Date Filed: OCT 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed *James B. Cooper*

Licensed Embalmer No. 4119

P. O. Address *Stirkeville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.